



2021-2022

Benefits Guide



Health - Financial - Work-Life

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage

When Coverage Begins

- **New Hires:** Your coverage is effective on the first of the following month after your date of hire.
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2021 - September 30, 2022.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Inside

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Medical Plans

**NEW *Increased Health
Savings City Contribution***

**NEW *Aetna Copay
Medical Plans***

**Aetna.com / Aetna Health
mobile app**

**Aetna Enhanced Wellness
Program**

Preventive Care

Aetna Dental Plans

VSP Vision Plans

**Cigna Life, AD&D & LTD
Insurance**

**Alliance Work Partners
Employee Assistance
Program (EAP)**

**Texas Health Resource
Clinic**

Telehealth Services

Supplemental Benefits

Retirement

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Aetna HDHP - EPO (National Network)

This plan gives you the freedom to seek care from the provider of your choice and works just like the HDHP - THA Plan. However, you must choose a provider who participates in the network. There are **NO** out of network benefits.

Aetna HDHP - THA (Local Network)

The Aetna THA High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. In addition, the HDHP's come with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plans work:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket.

Health Savings Account

Health Savings Account (HSA): You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **The City will increase contributions to \$1,000 annually for an individual or \$1,500 for a family to your HSA if you enroll in one of the HDHP medical plans (prorated for new hires/newly eligible).**

To be eligible for the HSA, you cannot be covered through Medicare Part A, Part B or TRICARE programs. See the plan documents for full details.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute .

| HSA Contribution Limit | 2021 |
|-------------------------------|---------|
| Employee Only | \$3,600 |
| Family (employee + 1 or more) | \$7,200 |
| Catch-up (age 55+) | \$1,000 |

| HSA Contribution Limit | 2022 |
|-------------------------------|---------|
| Employee Only | \$3,650 |
| Family (employee + 1 or more) | \$7,300 |
| Catch-up (age 55+) | \$1,000 |

| Prorated Amounts | Single / Family |
|------------------|-------------------------|
| October | \$1,000.00 / \$1,500.00 |
| November | \$916.00 / \$1,375.00 |
| December | \$833.00 / \$1,250.00 |
| January | \$749.00 / \$1,125.00 |
| February | \$665.00 / \$1,000.00 |
| March | \$581.00 / \$875.00 |
| April | \$497.00 / \$750.00 |
| May | \$413.00 / \$625.00 |
| June | \$329.00 / \$500.00 |
| July | \$245.00 / \$375.00 |
| August | \$161.00 / \$250.00 |
| September | \$77.00 / \$125.00 |

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan.

| Key Medical Benefits | Aetna HDHP - THA | | Aetna HDHP - EPO |
|---|---|---------------------------|---|
| | In-Network Open Access Managed Plus | Out-of-Network | In-Network Only Aetna Open Access Elect Choice |
| Deductible (per plan year) | | | |
| Individual / Family | \$2,800 / \$5,600 | \$5,250 / \$10,500 | \$2,800 / \$5,600 |
| Out-of-Pocket Maximum (per plan year, includes deductible) | | | |
| Individual / Family | \$5,000 / \$10,000 | \$15,000 / \$30,000 | \$5,000 / \$10,000 |
| City Contribution to Your Health Savings Account (HSA) (per plan year; prorated for new hires/newly eligible) | | | |
| Individual / Family | Prorated, see table. | | Prorated, see table. |
| Covered Services | | | |
| Physician Office Visit | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Specialist Office Visit | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Routine Preventive Care | Covered at 100% | Ded. / 40% | Covered at 100% |
| Outpatient Diagnostic (lab/X-ray) | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Emergency Room | Ded. / 20% | Ded. / 20% | Ded. / 20% |
| Urgent Care Facility | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Inpatient Hospital Stay | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Outpatient Surgery | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Prescription Drugs (Generic / Brand / Non-Formulary) | | | |
| Retail Pharmacy (30-day supply) | Ded. then \$15 / \$30 / \$60 | | Ded. then \$15 / \$30 / \$60 |
| Mail Order (90-day supply) | Ded. then \$30 / \$60 / \$120 | | Ded. then \$30 / \$60 / \$120 |
| Medical Coverage - Aetna | Monthly Premium | Monthly City Contribution | Employee Pays Per Pay Period |
| HDHP - THA | | | |
| Employee Only | \$501.31 | \$501.31 | \$0.00 |
| Employee + Spouse | \$1,022.67 | \$802.67 | \$110.00 |
| Employee + Child(ren) | \$972.52 | \$818.52 | \$77.00 |
| Family | \$1,624.23 | \$1,274.23 | \$175.00 |
| HDHP - EPO | | | |
| Employee Only | \$570.80 | \$510.80 | \$30.00 |
| Employee + Spouse | \$1,164.42 | \$868.42 | \$148.00 |
| Employee + Child(ren) | \$1,107.31 | \$897.31 | \$105.00 |
| Family | \$1,849.36 | \$1,439.36 | \$205.00 |

NEW Aetna Medical Copay Plans

aetna®

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan.

| Key Medical Benefits | Aetna THA Copay | | Aetna EPO Copay |
|---|---|---------------------|---|
| | In-Network Open Access Managed Plus | Out-of-Network | In-Network Only Aetna Open Access Elect Choice |
| Deductible (per plan year) | | | |
| Individual / Family | \$1,500 / \$3,000 | \$5,250 / \$10,500 | \$1,500 / \$3,000 |
| Out-of-Pocket Maximum (per plan year, includes deductible) | | | |
| Individual / Family | \$4,000 / \$8,000 | \$15,000 / \$30,000 | \$4,000 / \$8,000 |
| Coinsurance | | | |
| In-Network / Non-Network | 20% / 40% | | 20% |
| Covered Services | | | |
| Physician Office Visit | \$25 Copay | Ded. / 40% | \$25 Copay |
| Specialist Office Visit | \$50 Copay | Ded. / 40% | \$50 Copay |
| Routine Preventive Care | Covered at 100% | Ded. / 40% | Covered at 100% |
| Outpatient Diagnostic (lab/X-ray) | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Emergency Room | \$250 Copay (waive if admitted) + 20% | | \$250 Copay (waive if admitted) + 20% |
| Urgent Care Facility | \$75 Copay | Ded. / 40% | \$75 Copay |
| Inpatient Hospital Stay | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Outpatient Surgery | Ded. / 20% | Ded. / 40% | Ded. / 20% |
| Prescription Drugs (Generic / Brand / Non-Formulary) | | | |
| Retail Pharmacy (30-day supply) | \$15 / \$30 / \$60 | | \$15 / \$30 / \$60 |
| Mail Order (90-day supply) | \$30 / \$60 / \$120 | | \$30 / \$60 / \$120 |

| Medical Coverage - Aetna | Monthly Premium | Monthly City Contribution | Employee Pays Per Pay Period |
|--------------------------|-----------------|------------------------------|---------------------------------|
| Copay - THA | | | |
| Employee Only | \$590.10 | \$560.10 | \$15.00 |
| Employee + Spouse | \$1,203.79 | \$867.79 | \$168.00 |
| Employee + Child(ren) | \$1,144.76 | \$896.76 | \$124.00 |
| Family | \$1,911.89 | \$1,461.89 | \$225.00 |
| Copay - EPO | | | |
| Employee Only | \$688.40 | \$588.40 | \$50.00 |
| Employee + Spouse | \$1,404.34 | \$1,004.34 | \$200.00 |
| Employee + Child(ren) | \$1,335.47 | \$1,025.47 | \$155.00 |
| Family | \$2,230.40 | \$1,656.40 | \$287.00 |

Wherever you are, you're near us.

THA Local Network
Open Access Managed Plus
(In-Network & Out-of-Network Benefits)

We offer a comprehensive local network so you'll always have easy access to great care. You can use our Anytime-MD app 24 hours a day, every day, to instantly consult a local doctor, and you can get timely appointments when you need them through Texas Health or any MinuteClinic® location.

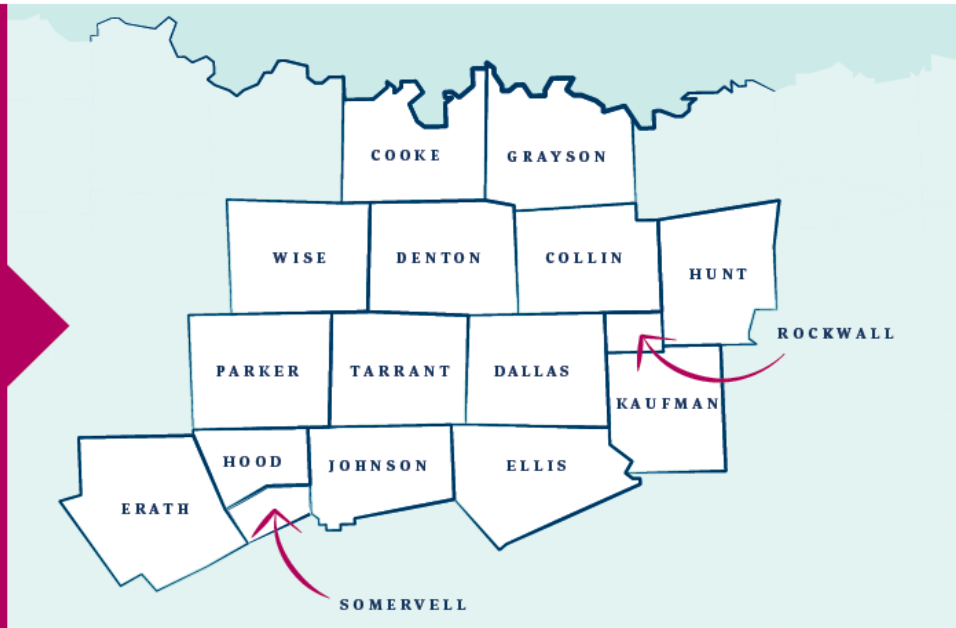
2,850
primary-care doctors

17,000
specialists

66
hospitals*

2,350
behavioral health
providers

For a full listing of
in-network doctors
and specialists, go to
texashealthaetna.com
and click "Find a Doctor"
at the top right.



We're proud to offer in-network coverage at our area's leading health systems:



What if I am traveling and need care?

If you're ill and out of town, you still have in-network coverage: use the **Anytime-MD** app 24/7 to speak with a doctor, or for in-person care visit any MinuteClinic® for non-emergencies anywhere in the United States.

Access to the Anytime-MD application is not included in all plans, deductibles may apply. Please call the Member Services number on your ID card to confirm eligibility. Prescriptions and follow-up appointments will be billed according to your health plan's benefits.

* Includes long-term and acute care facilities

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Care Plus network hospitals

THA Local Network

Open Access Managed Plus

(In-Network & Out-of-Network Benefits)

Collin County

- + Children's Medical Center Plano
- + Methodist McKinney Hospital
- + Methodist Richardson Medical Center
- + Texas Health Center for Diagnostics & Surgery Plano
- + Texas Health Frisco
- + Texas Health Presbyterian Hospital Allen
- + Texas Health Presbyterian Hospital Plano

Cooke County

- + Muenster Memorial Hospital
- + North Texas Medical Center

Dallas County

- + Children's Medical Center of Dallas
- + Methodist Charlton Medical Center
- + Methodist Dallas Medical Center
- + Methodist Hospital for Surgery
- + Methodist Rehabilitation Hospital
- + Texas Health Presbyterian Hospital Dallas
- + Texas Institute for Surgery at Presbyterian Hospital of Dallas
- + Texas Scottish Rite Hospital for Children
- + University of Texas Southwestern University Hospital
- + University of Texas Southwestern University Hospital — Zale Lipshy

Denton County

- + Texas Health Presbyterian Hospital Denton
- + Texas Health Presbyterian Hospital Flower Mound

Ellis County

- + Ennis Regional Medical Center

Erath County

- + Texas Health Harris Methodist Hospital Stephenville

Grayson County

- + Texoma Medical Center

Hood County

- + Lake Granbury Medical Center

Hunt County

- + Hunt Regional Medical Center

Johnson County

- + Texas Health Harris Methodist Hospital Cleburne

Kaufman County

- + Texas Health Presbyterian Hospital Kaufman

Parker County

- + Texas Health Harris Methodist Hospital Azle

Rockwall County

- + Texas Health Presbyterian Hospital Rockwall

Somervell County

- + Glen Rose Medical Center

Tarrant County

- + Children's Southlake Specialty Care
- + Cook Children's Medical Center
- + Methodist Southlake Hospital
- + Methodist Mansfield Medical Center
- + Texas Health Arlington Memorial Hospital
- + Texas Health Harris Methodist Hospital Alliance
- + Texas Health Harris Methodist Hospital Fort Worth
- + Texas Health Harris Methodist Hospital Hurst-Euless-Bedford (HEB)
- + Texas Health Harris Methodist Hospital Southlake
- + Texas Health Harris Methodist Hospital Southwest Fort Worth
- + Texas Health Heart & Vascular Hospital Arlington
- + Texas Health Huguley Hospital Fort Worth South
- + Texas Health Mansfield (opening end of 2020)
- + Texas Health Specialty Hospital Fort Worth
- + USMD Hospital at Arlington

Wise County

- + Wise Regional Health System
- + Wise Regional Hospital Bridgeport

Disclaimer

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Texas Health Aetna. Provider participation may change without notice. Information is believed to be accurate as of the production date; however, it is subject to change.

Health benefits and health insurance plans are offered and/or underwritten by Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna). Each insurer has sole financial responsibility for its own products. Texas Health Aetna are affiliates of Texas Health Resources and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Texas Health Aetna. Self-funded plans are administered by Texas Health + Aetna Health Insurance Company. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.

THA Plan - Provider search for Open Access Managed Plus Plan

<https://www.texashealthaetna.com/>

Click, Find a doctor



Enter your zip code and Use scroll to search providers in a certain mile radius

Click search

This site is designed specifically to help you easily identify doctors covered under your plan.

Already a member?

[Login to Secure Site](#)

Not registered yet?

[Register Now](#)

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- ☒ Get results for your plan
- ☒ View cost estimates
- ☒ Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Traveling? You can change your location after you select your plan

Look within

50 Miles

0 Miles 100 Miles

[Search](#)

Select, Open Access Managed Plus

Click Continue

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Employer Plans - Care Plus

☐ PPO

☒ Open Access Managed Plus

[Continue](#)

You may enter the provider name in search box, or Find providers by category

What do you want to search for near 76031 (Cleburne, TX)? [Change location »](#)

Eg: John Wright, Primary Care Physician, Dermatologists, Periodontists

OR

Find what you need by category

Medical Doctors & Specialists >

Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others

Hospitals & Facilities >

Hospitals, physical therapy centers, nursing facilities, dialysis centers, others

Urgent Care >

A type of facility focused on the delivery of urgent care outside of an emergency room


Walk-In Clinics >

A facility that accepts patients on a walk-in basis and with no appointment required

EPO Plan - Provider search for Managed Choice Open Access Plan

<https://www.aetna.com/individuals-families/find-a-doctor.html>

Click, Plan from an employer




Already a member?

Log in to find doctors, dentists, hospitals and other providers that accept your plan.

[Find a Doctor](#)

[Find a pharmacy](#)



Guests

Choose the type of plan you're interested in to search for health care providers that accept it.

[Plan from an employer >](#) [Aetna Medicare plan >](#)

[Individual dental plan >](#) [Aetna Medicaid plan >](#)

Enter your zip code and Use scroll to search providers in a certain mile radius

Click search

Already a member?

[Login to Secure Site](#)

Not registered with Aetna yet?

[Register Now](#)

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- ☒ Get results for your plan
- ☒ View cost estimates
- ☒ Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Travelling? You can change your location after you select your plan

Look within

25 Miles

0 Miles 100 Miles

[Search](#)

Select Managed Choice POS (Open Access)

Click Continue

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

[Show all plans \(including those not in my area\)](#)

Aetna Open Access Plans

- ☐ Aetna Choice® POS II (Open Access)
- ☐ Aetna Health Network OnlySM (Open Access)
- ☐ Aetna Health Network OptionSM (Open Access)
- ☐ Aetna SelectSM (Open Access)
- ☐ Elect Choice® EPO (Open Access)
- ☒ Managed Choice® POS (Open Access)

[Continue](#)


You may enter the provider name in search box, or Find providers by category

What do you want to search for near 79901 (El Paso, TX)? [Change location >](#)

Eg: John Wright, Primary Care Physician, Dermatologists, Periodontists


OR

Find what you need by category




Medical Doctors & Specialists >

Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others




Hospitals & Facilities >

Hospitals, physical therapy centers, nursing facilities, dialysis centers, others



Urgent Care >

A type of facility focused on the delivery of urgent care outside of an emergency room



Walk-In Clinics >

A facility that accepts patients on a walk-in basis and with no appointment required

Tools to help you make use of your benefits

To visit your Aetna member website, create an account and log in at **aetna.com**



User-friendly design



Simple claims details and management



Benefits tools



Fitness and wellness perks

Finding care



- Find in-network providers, facilities and procedures.
- Change your doctor.
- See past activity.

Managing claims



- View and sort claims.
- Pay your claims.
- View claims progress.

Seeing coverage and costs



- Get coverage details.
- See out-of-pocket costs.
- Estimate the costs of doctors and procedures.
- Compare costs across providers.

Managing prescriptions



- Estimate drug costs.
- Find a pharmacy.
- Learn about drug information and side effects.
- Refill a prescription.
- Enroll in home delivery.

Helping you stay healthy



- Take a health survey.
- Try health coaching.
- Start a wellness program.
- Get treatment options.
- Save on gyms, vision and more.

Visit **aetna.com**
and log in to your
member website.

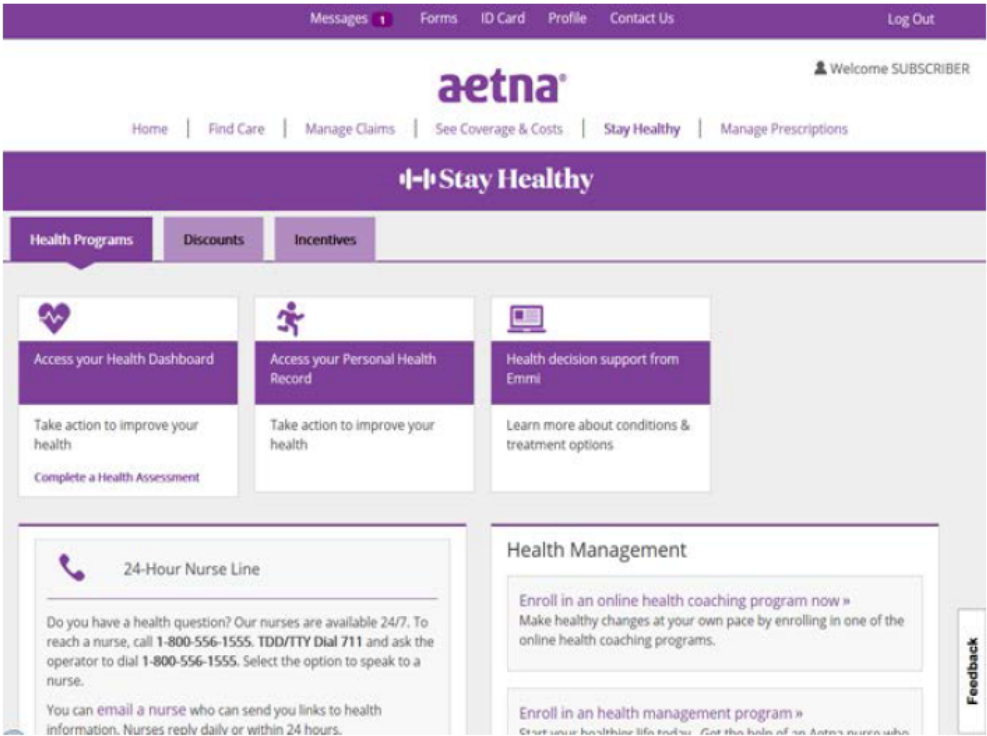
And you can manage your benefits on the go
by downloading the Aetna HealthSM app.

Aetna Enhanced Wellness

Wellness and health program integration

Promotion of health assessments, digital programs and personal health records

Focus on incentive and discount programs



Incentivize

Reward
Healthy
Behaviors

Includes a \$50 incentive for completing the health assessment and one online coaching program (\$100 household)

Inform

Biometric
Screenings

Helps to identify health risks. Program may be offered onsite at or through Quest patient service centers.

Motivate

Quarterly
Get Active!
Challenges

Four team-based fitness and nutrition challenges throughout the year.

Gift Card Reward

Shop Directly Online:

- Members can shop directly online at nearly 200 web retailers.
- These stores will accept the Gift Certificate, just like they accept Visa and MasterCard.

Get a Gift Card:

- Choices of a store and print it on-demand or have the gift card mailed to home.
- Gift certificates are available for nearly 100 national retailers and restaurants.

WorkStride Discover Card:

- Retail Shopping card is powered by Discover.
- Allows member to redeem reward points at multiple vendors, both online and in store.

aetna® | WorkStride®



Welcome to the Aetna Healthy ActionsSM Rewards Program
Get your reward for healthy living!

2 Steps

Health Assessment
and one Online
Health Coaching
Journey

\$50

Gift Certificate
e-mailed from
Aetna Rewards

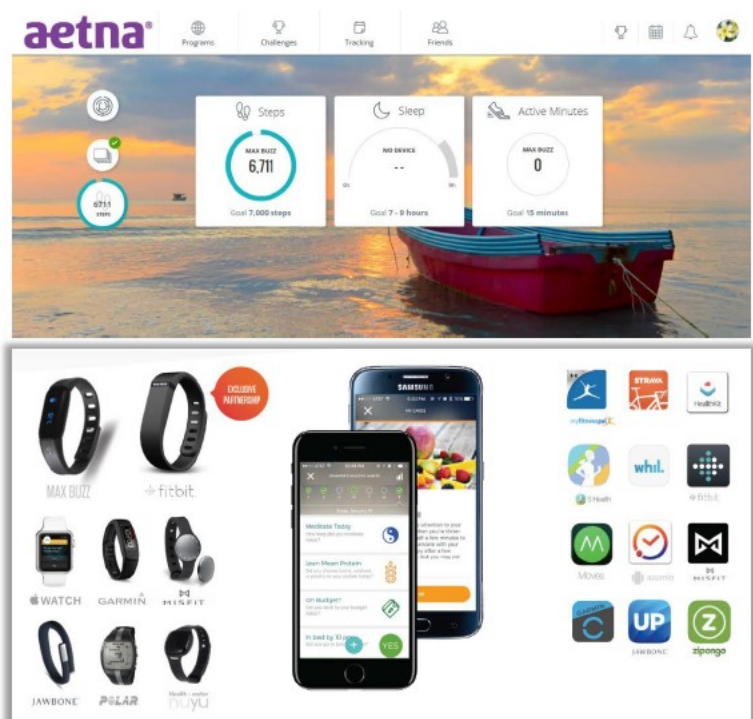
Employee and
Spouse/Partner are
eligible for reward

Get Active

A social wellness program that motivates employees to connect with one another and reach their health goals.

Features quarterly team-based challenges that include:

- An online fitness and activity tracker with social networking
- Available to ALL employees, including friends & family
- Multiple ways to access via website, mobile app, or live phone support
- Connects wearable devices like your fitness tracker or Apple Watch®
- Multiple languages available
- Administrator access to communication materials and activity tracking reports





Covered preventive services for adults commonly include:

Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer*
- Depression
- Diabetes
- Hepatitis B surface antigen
- High blood pressure
- Human immunodeficiency virus (HIV)
- Lung cancer* (for adults with a history of smoking)
- Obesity
- Prostate cancer*
- Syphilis (for all adults at higher risk)
- Tobacco use
- Tuberculosis (TB) testing

Medicine and supplements

Doses, recommended ages and recommended populations vary.

- Aspirin for women at risk of preeclampsia and adults ages 50 – 69 with certain heart risk factors*
- Bowel preparation medication (for preventive colorectal cancer screening)
- Low-dosage statins: dependent on cardiovascular disease (CVD) and risk factors
- Tobacco-cessation medicine approved by the U.S. Food and Drug Administration (FDA), including over-the-counter medicine when prescribed by a health care provider and filled at a participating pharmacy

Counseling for:

- Alcohol misuse
- Domestic violence
- Nutrition (for adults with cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations

Doses, recommended ages and recommended populations vary.

- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Tetanus, diphtheria, pertussis (Tdap)
- Varicella (chickenpox)

*Subject to age restrictions.

These services are generally not preventive if you get them as part of your visit to diagnose, monitor or treat an illness or injury. In these cases, copays, coinsurance and deductibles may apply.

Aetna follows preventive recommendations as determined by the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention and other advisory committees. Screenings, services and other covered preventive services can vary by age, gender and other factors. Be sure to talk with your doctor about which services are right for you.



Covered preventive services for women commonly include:

Screenings and counseling for:

- Breast cancer chemoprevention if you're at a higher risk
- Breast cancer (BRCA) gene counseling and genetic testing if you're at high risk with no personal history of breast and/or ovarian cancer
- Breast cancer mammography*
- Cervical cancer*
- Chlamydia infection*
- Gonorrhea
- Interpersonal or domestic violence
- Osteoporosis* (depending on risk factors)

Medicine and supplements:

- Folic acid supplements (for women of childbearing ages)
- Risk-reducing medicine, such as tamoxifen and raloxifene, for women with an increased risk for breast cancer*

Counseling and services**:

- Prescribed FDA-approved over-the-counter or generic female contraceptives*** when filled at a network pharmacy
- Two visits a year for patient education and counseling on contraceptives
- Voluntary sterilization services

Covered preventive services for pregnant women:

- Anemia screenings
- Bacteriuria, urinary tract or other infection screenings
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant†
- Diabetes screenings
- Expanded counseling on tobacco use
- Hepatitis B counseling (at the first prenatal visit)
- Maternal depression screening
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds, or other maternity procedures, specialist visits and certain lab tests)

Covered preventive supplies for pregnant women:

- Breast pump supplies if you get pregnant again before you are eligible for a new pump
- Certain standard electric breastfeeding pumps (nonhospital grade) anytime during pregnancy or while you are breastfeeding, once every three years
- Manual breast pump anytime during pregnancy or after delivery for the duration of breastfeeding

*Subject to age restrictions.

**Certain eligible religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

***Brand-name contraceptive drugs, methods or devices are only covered with no member cost sharing under certain limited circumstances, including when required by your doctor due to medical necessity.

†Limits may vary depending upon state requirements and applicability.



Covered preventive services for children commonly include:

Screening and assessments* for:

- Adolescent depression screening
- Alcohol and drug use
- Anemia
- Attention deficit disorder (ADD)
- Autism
- Behavioral and psychological issues
- Congenital hypothyroidism
- Development
- Hearing
- Height, weight and body mass index
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell
- Hepatitis B
- HIV
- Lead (for children at risk for exposure)
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Medical history
- Newborn blood screenings
- Obesity
- Oral health (risk assessment)
- STIs
- TB testing
- Vision

Medicine and supplements:

- Gonorrhea preventive medicine for the eyes of all newborns
- Oral fluoride for children* (prescription supplements for children without fluoride in their water source)
- Topical application of fluoride varnish by primary care providers

Counseling for:

- Obesity
- STI prevention (for adolescents at higher risk)

Immunizations

From birth to age 18 — doses, recommended ages and recommended populations vary.

- *Haemophilus influenzae* type B
- Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Rotavirus
- Tdap/diphtheria, tetanus, pertussis (DTaP)
- Varicella (chickenpox)

*Subject to age restrictions.

We are proud to offer you a choice between two different dental plans.

- Aetna Dental DHMO:** With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.
- Aetna Dental DPPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Aetna PPO network.

Following is a high-level overview of the coverage available.

| Key Dental Benefits | Aetna Dental DPPO | Aetna Dental DHMO |
|---|-----------------------------------|--|
| | In and Out-of-Network | In-Network |
| Deductible (per calendar year) | | |
| Individual / Family | \$50 / \$150 | \$0 |
| Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined) | | |
| Per Individual | \$2,000 | None |
| Covered Services | | |
| Preventive Services | 100% | See Schedule |
| Basic Services | 80% | See Schedule |
| Major Services | 60% | See Schedule |
| Orthodontia (Child only) | 50%, Max \$2,000– Child to age 19 | Copays - \$1,945 - Child & \$1,945 - Adult |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

| Dental Coverage - Aetna | Monthly Cost | Employee Only Per PP | Monthly Cost | Employee + One Per PP | Monthly Cost | Employee + Two or More |
|-------------------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|
| Dental PPO | \$38.42 | \$3.00 | \$63.47 | \$14.50 | \$127.31 | \$32.00 |
| Dental DMO | \$12.83 | \$0.00 | \$22.85 | \$2.50 | \$41.95 | \$8.00 |



The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

| Key Vision Benefits | In-Network | Out-of-Network Reimbursement |
|--|---------------------------------|------------------------------|
| Exam (once every 12 months) | \$10 | Up to \$40 |
| Materials Copay | \$25 | N/A |
| Lenses (once every 12 months) | | |
| Single Vision | No charge after materials copay | Up to \$55 |
| Bifocal | | \$95 - \$105 |
| Trifocal | | \$150 - \$175 |
| Frames (once every 24 months) | Covered up to \$130 | Up to \$130 |
| Contact Lenses (once every 12 months; in lieu of glasses) | Covered up to \$130 | Up to \$60 |

**SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM
THE CITY OF BEDFORD
& VSP.**



| Vision Coverage - VSP | Monthly Cost | Employee Pays Per Paycheck |
|------------------------------|--------------|----------------------------|
| Employee Only | \$8.04 | \$4.02 |
| Employee + Spouse | \$12.86 | \$6.43 |
| Employee + Child(ren) | \$13.12 | \$6.56 |
| Family | \$21.26 | \$10.63 |

Life & AD&D Insurance

Basic Life/AD&D Insurance (City Paid)

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

| | |
|--------------------------------|--|
| Employee Benefit Amount | 2 Times your base salary up to a \$150,000 maximum |
|--------------------------------|--|

Dependent Basic Life

| | |
|---------------------------------|---|
| Dependent Benefit Amount | \$20,000 Spouse/\$10,000 Child(ren) - \$2.15 pp \$10,000 Spouse/\$5,000 Child(ren) - \$1.08 pp |
|---------------------------------|---|

Voluntary Term Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

| | Benefit Option | Guaranteed Issue* |
|--------------------|---|-------------------|
| Employee | \$10,000 increments; minimum of \$10,000 up to \$500,000 | \$150,000 |
| Spouse/ RDP | \$5,000 increments; minimum of \$5,000 up to \$100,000 (not to exceed 50% of your additional life coverage) | \$50,000 |
| Child(ren) | Less than 6 Months - \$100 6 Months - age 26 - Up to \$10,000 | \$10,000 |

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Employee Assistance Program (City Paid)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through Alliance Work Partners.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

All benefits can be accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to
<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-BEDFORD-1963


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- OneRx finds the cheapest pharmacy for your medication.

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know your drug cost anytime, anywhere



Pharmacy Details

Pharmacy Details | Price Details

trevenant (trevenazine)

| Category | Amount |
|-----------------|---------------|
| RETAIL PRICE | \$210.92 |
| DISCOUNT | -\$100.00 |
| COUPON | -\$106.92 |
| YOU PAY* | \$4.00 |

*Estimated savings only. Pricing may vary.

Redeem Savings Now

- Add your insurance information to the HIPAA-secure app to find hidden coupons, see insurance restrictions, and compare your cost to discounted prices. Get the most out of your pharmacy insurance benefits, before you leave the doctor's office.
- Use for your family members, friends, and pets without even creating an account. OneRx makes it easy to get the best price quickly. Never overpay for scripts again.

Texas Health Resource Clinics



Program Overview

A benefit provided for you by the City of Bedford through Texas Health Resources (THR). The clinics provide medical, physical therapy, weight loss and wellness services to you and your eligible dependents.

Who is Eligible?

- All regular full-time employees
- Dependents of employees who are covered under the City of Bedford health care coverage
- All regular part-time employees who work 15+ hours a week
- Employees can buy coverage for their dependents not covered under the city health insurance. The cost is \$5.50 for spouse and \$3.00 per child per pay period.

What is Covered?

The clinics will see you for minor non-emergency related Urgent and Primary care such as:

Acute care (not chronic), colds, flu, sinus infections, cough, back pain, contusions, rashes, muscle sprains and strains, minor lacerations, bronchitis, skin infections, school physicals, routine lab work and other similar ailments.

Lab work will be limited to onsite quick tests including flu test, strep screens etc.; and other tests specifically performed by THPG Laboratory. Any additional labs, not performed by THPG Laboratory will be sent to Quest labs, and billed to patient's insurance provider.

What is the Cost?

Preventative Care & Wellness - physicals, check-ups, well woman exams etc.; are covered at 100%

Urgent Care, Primary Care & Disease Mgmt. – Non-HSA participants 100%, HSA participants **\$40 co-pay**

All other services besides the above will be filed through your Health Insurance provider and balance billed accordingly

Bedford Medical Plans and Clinic Coverage

Services outside those agreed upon between the City and Texas Health are covered and network discounts are applied.

What about Wellness Visits?

Wellness visits are covered at 100% for all medical plan participants but will be billed to AETNA under this benefit. Services include but are not limited to: physicals, well-woman exam, well-man exam, mammograms, colonoscopies, well-child visits, vaccinations, flu and pneumonia shots, etc.

Making an Appointment

Appointments are made on-line through each clinic's website or through your MyChart portal. Each clinic website has the forms that must be completed and brought in with you on your initial visit located on their web page under Patient Forms.

MyChart

MyChart ([MyChart.TexasHealth.org](https://mychart.texashealth.org)) is a secure on-line patient portal giving you 24/7 access to your medical information. MyChart provides you the convenience of

Managing your appointments – schedule appointments or view past and upcoming appointments

Communicating with your doctor – get answers to medical questions from convenience of your own home

Requesting prescription refills – send a refill request for any of your refillable medications

Accessing your test results – view your results and doctors comments within days

Texas Health Clinic Locations

Texas Health Clinic Locations



Adult Internal Medicine Mid-Cities 817-354-2680

4 Physicians

1 Family Physicians Assistant

<https://www.thpg.org/aimmidcities/pages/default.aspx>

1615 Hospital Parkway
Suite 103
Bedford, TX 76021

| | |
|-------------------|-----------------|
| Monday | 8:00am - 5:00pm |
| Tuesday | 8:00am - 5:00pm |
| Wednesday | 8:00am - 5:00pm |
| Thursday | 8:00am - 5:00pm |
| Friday | 8:00am - 5:00pm |
| Saturday & Sunday | 8:00am - 5:00pm |

Mid-Cities Family Care 817-494-5000

4 Physicians

1 Physicians Assistants

2 Nurse Practitioners

<https://www.thpg.org/midcitiesfamilycare/pages/default.aspx>

3024 State Highway 121
Bedford, TX 76021

| | |
|-------------------|------------------|
| Monday | 7:30am - 5:00pm |
| Tuesday | 7:30am - 5:00pm |
| Wednesday | 7:30am - 5:00pm |
| Thursday | 7:30am - 5:00pm |
| Friday | 7:30am - 12:00pm |
| Saturday & Sunday | Closed |

Texas Health Family Care 817-232-1343

1 Physicians

1 Physicians Assistant

<https://www.thpg.org/family-care-hayden-lewis-md/Pages/default.aspx>

612 East Bailey Boswell Rd.
Suite 200
Saginaw, TX 76131

| | |
|-------------------|------------------|
| Monday | 8:00am - 5:00pm |
| Tuesday | 8:00am - 5:00pm |
| Wednesday | 8:00am - 12:00pm |
| Thursday | 8:00am - 5:00pm |
| Friday | 8:00am - 5:00pm |
| Saturday & Sunday | Closed |
| Closed for lunch | 12:00pm - 1:00pm |

Cornerstone Family & Sports Medicine 817-741-2001

2 Physicians

4 Physicians Assistants

2 Family Nurse Practitioners

<https://www.thpg.org/cornerstonefamilyandsportsmedicine/pages/default.aspx>

100 Bourland Road
Suite 170
Keller, TX 76248

| | |
|-----------|-----------------|
| Monday | 8:00am - 5:00pm |
| Tuesday | 8:00am - 5:00pm |
| Wednesday | 8:00am - 5:00pm |
| Thursday | 8:00am - 5:00pm |
| Friday | 8:00am - 5:00pm |
| Saturday | Closed |
| Sunday | Closed |

Informed Health® Line

A 24-hour line for employee health questions

Call **1-800-556-1555**. For speech or hearing impaired, dial **711**.^{*} Or log in to **aetna.com**.

A health line that helps everyone save

Where can your employees and their covered family members turn for health information? The Informed Health Line.

They'll get the information from a registered nurse, 24/7/365.^{*} And this could help prevent unneeded — and expensive — trips to the emergency room (ER).

Plus —

- It's toll-free.
- It's part of any Aetna plan you choose — at no extra cost to you or your employees.

^{*}While only doctors can diagnose, prescribe or give medical advice, Informed Health Line nurses can answer questions. They can help members find information and videos on over 5,000 health topics. Your employees should contact their doctor first with any clinical questions or concerns regarding their health care needs.

^{**}For security reasons, the Informed Health Line will not open any attachments sent by email.

Smarter, less costly use of care

Another plus? When your employees use the Informed Health Line, it helps them use services more appropriately. They can:

- Avoid unnecessary doctor visits
- Avoid unnecessary ER visits

Making informed health choices can help your employees save time and money. That can help your medical costs go down, too.

See what satisfied members say

We asked our members what they like about Informed Health Line.¹ Here's what they said:

- About 93 percent said it helped them better manage their health.
- 96 percent said the program is an important part of their health plan benefits.
- 90 percent agreed that the program nurses gave callers information they wouldn't have known.
- 93 percent felt the nurse answered their questions or referred them to an appropriate source for an answer.

Get health information fast

With the Informed Health Line, your employees can:

- Talk with a registered nurse by phone to:
 - Learn about health conditions
 - Find out more about a medical test or procedure
 - Get help preparing for a doctor visit
 - Receive emails with videos that relate to the question or topic
- Send an email through their secure member website for links to health information that addresses their questions. Nurses respond within 24 hours.^{**}

Support informed health decisions at work

Encourage your employees to use the Informed Health Line for most health questions. We'll give you the materials you'll need to promote it.

Or for a fee, we'll promote it directly to your employees with:

- An announcement letter sent to new members
- Quarterly reports and postcard reminders
- Quarterly e-cards (a more eco-friendly option)

Get health information — when and where you need it.

Call **1-800-556-1555**. For speech or hearing impaired, dial **711**.^{*} Or log in to **aetna.com**.

Save costs and give your employees health confidence. Spread the word about the Informed Health Line.

aetna.com

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EPO Copay Plan—virtual visit \$25



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\$47 or less / visit

Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health Care
\$85 or less / therapist visit
\$190 or less / psychiatrist first visit
\$90 or less / psychiatrist ongoing visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology
\$75 or less / consult

Upload images of a skin issue online and get a custom treatment plan within two days
Eczema • Acne • Rashes • And more



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Anytime-MD

.....

HDHP THA – \$45 per virtual visit

(7 days of unlimited follow up treatment, prior to meeting deductible. \$0 after meeting deductible).

THA COPAY PLAN – FREE!

Anytime-MD

A doctor on call, 24/7!

We know it's hard finding time to get to the doctor. But with the free **Anytime-MD** app it's easy to get the everyday care you need on your time, 24/7.

Anytime means anytime.

Wherever you are, whatever the hour simply send a text via the app and a local board-certified doctor will reply within minutes.



They'll listen, answer questions, advise, diagnose, get you an appointment, connect you to a Behavioral Health Specialist if you're stressed or anxious, even send a prescription to your local pharmacy.



Save time, save money.

No more waiting or surprise bills at the ER or Urgent Care. Available in English, Spanish and other languages for your convenience, **Anytime-MD** is \$45 per virtual visit with 7 days of unlimited follow up and treatment, prior to meeting the deductible. \$0 after the deductible.*

Convenient for quick care needs.

Use **Anytime-MD** for things like:

- + Cough, cold, flu, headaches/migraines
- + Seasonal allergies
- + Urinary tract infection
- + Rashes, allergic reactions, minor insect/animal bites
- + Food poisoning or diarrhea
- + Back pain
- + Earaches, swimmer's ear, pinkeye
- + Sports injuries, strains, sprains
- + Minor burns



Always call 9-1-1 for medical emergencies.

A medical emergency is an event that you reasonably believe threatens your or someone else's life or limb in such a manner that immediate medical care is needed to prevent death or serious impairment of health. A medical emergency includes severe pain, bad injury, a serious illness or a medical condition that is quickly getting much worse.

Family & Medical Leave (FMLA)

What is FMLA?

FMLA (Family Medical Leave Act) provides covered employees with the right to unpaid leave for up to 12 (26 for military) weeks within a 12 month period, in order to address certain family and medical responsibilities.

Am I eligible for FMLA leave?

You must have worked for the City for 12 months and have completed at least 1,250 hours over the previous 12 months.

What qualifies as FMLA leave?

- Birth and care of a newborn child
- Child under age 18 is placed with you for adoption or foster care
- Care for an immediate family member (spouse, child or parent) with a serious health condition
- Your own serious health condition
- A family members active duty or call to active duty in the Armed Forces

Will I be paid while I am on FMLA?

Generally FMLA is unpaid time off. However, if you have available paid time off with the City, you must use this time during your FMLA leave.

How does FMLA help me?

FMLA protects your job while you are on approved FMLA leave. As long as you return to work before you exhaust your FMLA leave, you must be returned to the same job (or one nearly identical to it). Your health insurance must also be continued while on FMLA leave provided your portion of the premium con-



Long Term Disability Insurance (City Paid)

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

| Long-Term Disability | |
|----------------------------|--------------------------------|
| Provided at NO COST to you | |
| Benefit Percentage | 60% |
| Monthly Benefit Maximum | \$10,000 |
| When Benefits Begin | After 90th day of disability |
| Maximum Benefit Duration | Social Security Retirement Age |

Ambulance Subscription Program

City of Bedford employees may elect to purchase an ambulance subscription membership to help cover emergency ambulance service fees which are not covered by medical insurance. The program will cover an employee and their family members when in the City limits of Bedford or when transported by a Bedford Fire Department ambulance. The ambulance subscription membership is intended to cover the out of pocket expenses after insurance has paid its portion. The Bedford Fire Department is an emergency medical services provider only. Non-emergency transfers are not covered under this policy. While the coverage only covers an employee and family members within the City limits of Bedford, he/she can be transferred to a hospital outside of Bedford for treatment.

If an employee is a Bedford resident, the program is offered with no change. Bedford residents can purchase ambulance subscriptions that cover the primary residents, his/her spouse, unmarried children under twenty-five (25) years of age and other qualified dependents, as determined by the Internal Revenue Service.

As a qualification and program stipulation, each participating member of the ambulance subscription program must be actively covered by a health insurance plan to stay active as a member in the program.

Medicaid recipients are ineligible to participate in the program.

The ambulance subscription program is an annual program based on the standard calendar year from January 1-December 31st.

Employees may join the program at any time during the calendar year with the understanding coverage will only last through December 31st of that year. Prorated subscriptions are not available. Membership renewals begin annually in December for the upcoming calendar year.

The annual cost to join the program is \$60. Coverage begins immediately upon enrollment. If you wish to join this program, you will need to complete the two below forms:

- City of Bedford Application
- Payroll Deduction Authorization Ambulance Subscription Program

Both forms, after completed, should be turned into Human Resources. There will be a onetime payroll deduction of \$60 at the time of enrollment for the membership cost.

The costs of paramedic treatment and ambulance transport can be high. It can cause an unexpected financial challenge to many personal budgets. **The average cost of a Bedford Fire Department ambulance bill is \$1,300.** To make this even more challenging, an employee with a high deductible health care plan who has yet to meet an annual deductible could be responsible for the entirety of the ambulance bill. Employees covered in the ambulance subscription plan will not be responsible for any portion of the ambulance bill that remains after insurance is applied.

By offering this program to City of Bedford employees, the intention is to provide employees with the same benefit as Bedford residents, should an unforeseen emergency happen to you while at work.



Financial Protection Made Simple

More isn't always better. When it comes to understanding insurance, there are really just five pieces of information you should know: What it is, what it covers, what it costs, what it will pay out and what it may exclude.

Accident

Injury prone? Weekend warrior? Have children who play sports? When an unexpected injury happens, accident insurance can help offset costs that are not covered by your medical plan. The benefit is paid directly to you and can be used for out-of-pocket costs like co-pays, deductibles and other expenses.

Cancer

Cancer insurance pays benefits to help pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment. It can help pay for expenses that your health plan isn't designed to cover, like deductibles, coinsurance and travel to and from cancer treatment centers.

Critical Illness

Critical illness insurance offers you a lump-sum benefit when you are initially diagnosed with a serious condition. It can help pay for expenses that your health plan isn't designed to cover. Most plans offer family options to help protect your spouse or children, as well.

Hospital Confinement

With medical costs on the rise, you may be faced with having to pay more for things that your health insurance won't cover. Hospital Confinement Indemnity Insurance can help fill those gaps.

Life Insurance

How will you replace lost income for your family when you or a loved one passes away?

Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|-----------------------------------|--------------------------------|-----------------|--|
| Medical | Aetna | Back of ID Card | www.Aetna.com |
| Dental | Aetna | (877) 238-6200 | www.Aetna.com |
| Vision | Vision Service Plan (VSP) | (800) 877-7195 | www.vsp.com |
| Life/AD&D | Cigna | (800) 997-1654 | www.Cigna.com |
| Disability | Cigna | (800) 997-1654 | www.Cigna.com |
| Employee Assistance Program (EAP) | Alliance Work Partners | (800) 343-3822 | www.Awpnow.com |
| Voluntary Benefits | Colonial Life | (800) 256-7004 | www.ColonialLife.com |
| Renee Wurst | Bedford Benefits Administrator | (817) 952-2159 | renee.wurst@bedfordtx.gov |

Retirement Benefits



What is TMRS?

The Texas Municipal Retirement System (TMRS®) is the retirement program the City of Bedford has chosen for its employees. TMRS administers a retirement plan for municipal employees' that is funded by the contributions of its members, its member cities, and earnings from investment of those deposits. As a member of TMRS, if you meet the eligibility requirements and retire with the system, **you will receive a retirement annuity for as long as you live.**

Who is eligible?

Participation is required for all regular employees who are scheduled to work a minimum of 1,000 hours annually.

Contributions & City Matching

Eligible employees are set up with a required contribution of 7% through payroll deduction on their first day of employment. The City of Bedford matches each employee's contribution at a 2 to 1 ratio. Employee contributions are tax deferred.

Service Credit

Generally, you earn a month of service credit toward retirement for each month you make a deposit while employed in an eligible position.

Vesting/Retirement Eligibility

Employees are vested in the system after 5 years of service credit with TMRS. As a vested member, if you leave TMRS covered employment, you may leave your deposits with TMRS. Your deposits will continue to earn interest until you withdraw them or retire. You are eligible to retire when you meet the below qualifications:

- You are age 60 with 5 years of service credit
- Any age with 20 years of service credit

How do I keep up with my account?

A TMRS Annual Statement is mailed to your home address TMRS has on file every spring so **keeping your personal information up to date with TMRS is extremely important.**

The TMRS website (www.tmrs.com) provides secure on-line access to your account. You can also contact TMRS by phone 1-800-924-8677, or e-mail help@TMRS.com.

ICMA 457 Plan

Who is eligible?

You are eligible to participate in the ICMA 457 Plan if you are an active full-time employee working at least 30 hours per week. Participation is required for all part-time employees working less than 20 hours.

Contributions

You decide the amount you wish to contribute each pay period.

- You can change your contribution amount at any time
- The maximum contribution is \$19,500 (or \$26,000 if you are age 50 or over)
- Contributions are made on a pre-tax basis through payroll deduction

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds selected. You can make changes to your investments at any time.

Withdrawals

No longer employed by city – you may withdraw your money at any time. However, you will not be required to take any withdrawals until after age 70 ½.

While employed by city - your withdrawal options are limited to the following circumstances:

- After you attain age 70 ½
- If your balance is under \$5,000 and no contributions have been made for a period of 2 years
- Emergency withdrawals. Under certain emergency situations, as defined by the IRS.
- The plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to half of your account balance or \$50,000, *whichever is less.*

Access to My Account

You can review your account information on-line by logging into your account at www.icmarc.org. Or, use ICMA-RC's self-service phone line at 1-800-669-7400.

ICMA-RC is now

MissionSquare
RETIREMENT

Other Benefits Offered

ICMA-RC is now

MissionSquare
RETIREMENT

Roth IRA

Additional savings are offered through a Roth IRA. Contributions are after-tax payroll deductions and your withdrawals are tax free if you hold the account for at least 5 years and are age 59 ½. Eligibility is determined by your modified adjusted gross income and your tax filing status. Maximum annual contribution is \$6,000 annually or \$7,000 if age 50 or above. Withdrawals are allowed at any time under this plan. Contact Eunice Brogdon for information on this plan 877-813-8316 or visit www.icmarc.org/ira to open an IRA.



The possibilities for your child are endless and the Texas College Savings Plan makes it easier to save more for the education your child deserves.

The Texas College Savings Plan is a 529 savings plan sponsored by the state of Texas, and available to all U.S. residents regardless of age, income, or state of residence. The plan is managed by NorthStar Financial Services Group, LLC. For more information or to enroll in this plan, visit www.texascollegesavings.com. If you have questions you can call 1-800-445-4723, option #3. Payroll deductions are also available for this plan.



The City of Bedford encourages and supports its employees' efforts to pursue additional education to enhance their professional development consistent with the needs of the City of Bedford and its customers.

Eligibility

- Complete 1 year of service with the City
- Maintain a satisfactory job performance level
- Take job-related courses that fall within an approved career path or degree plan

- Earn a "C" or better (undergraduate) or "B" or better (post graduate) and provide evidence of such grade(s) and course (s) completed.
- Courses must be completed at a state or nationally accredited, recognized educational institution.
- Course of study must be related to your current position with the City

Eligible Expenses

Employees may receive up to \$750 per fiscal year for any combination of the following expenses related to this program:

- Class & Enrollment fees
- Eligible tuition rates
- Test & Lab fees
- Text books & Computer center fees
- Thesis and dissertation fees

The amount of the above expense paid is determined by the grade received at the completion of the course.

Employees must remain employed by the City for at least two years following completion of the course; otherwise, the employee must repay the City the money paid to them for this program.



At the end of (2) continuous years of service, all regular, fulltime employees will be eligible to receive longevity pay. Eligible employees will receive ten dollars (\$10) per month longevity pay and an additional (\$5) per month for each subsequent year worked.

Employees eligible for longevity pay will receive a lump sum payment during the month of November for the total amount due each year up to the maximum of \$1,200.00.

Benefits Enrollment Website

Our benefits enrollment website:

<https://esuite.bedfordtx.gov/Webistes.HR.Portal/>

can be accessed anytime you want additional information on our benefits programs.

Human Resources

If you have additional questions, you may also contact Renée Wurst in Human Resources at (817) 952-2159 or renee.wurst@bedfordtx.gov



This is a brief summary of benefits prepared by HUB International Northwest, the employee benefits insurance broker for your City. This is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations and exclusions refer to the benefit plan documents and contracts. If there is a conflict between this summary and the official plan documents, the actual plan document will govern in all cases.

